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## HOUSE JOINT RESOLUTION NO. 5229

Offered September 17, 2014

*Directing the Medicaid Innovation and Reform Commission to develop recommendations for changes to the Commonwealth's Medicaid program. Report.*

Patron—LeMunyon

Referred to Committee on Rules

WHEREAS, the Medicaid program is the largest program in the Commonwealth's budget, accounting for more than \$8 billion in spending, shared between state and federal funds, in FY 2014; and

WHEREAS, the Medicaid program is the Commonwealth's most rapidly growing program, having grown 45 percent in the most recent six-year period while all other general fund programs, including K-12 education, community colleges and public universities, human services other than Medicaid, and public safety, have grown a net of zero percent; and

WHEREAS, the cost growth of the current Medicaid program is unlikely to be sustainable without cuts in core services of government or a tax increase; and

WHEREAS, the General Assembly has the responsibility to address the lack of access to medical care experienced by some Virginians and the lack of financial means of some Virginians to pay for medical care and care for certain disabled and elderly persons; and

WHEREAS, the 2013 Session of the General Assembly directed the Department of Medical Assistance Services to implement a comprehensive value-driven, market-based reform of the Commonwealth's Medicaid program; and

WHEREAS, the 2013 Session of the General Assembly established the Medicaid Innovation and Reform Commission to review, recommend, and approve innovation and reform proposals affecting the implementation of the Commonwealth's Medicaid program; and

WHEREAS, none of the recommendations of numerous audits of the Department of Medical Assistance Services or reforms that have been implemented or proposed to date are expected to reduce the cost growth of the Medicaid program to the degree necessary to make the program financially sustainable for the next several years; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Medicaid Innovation and Reform Commission be directed to develop a plan to ensure that the expected cost to the Commonwealth of the Medicaid program will not require a tax increase or a net reduction in other general fund programs for the foreseeable future. The Medicaid Innovation and Reform Commission shall report its recommendations, together with the cost and revenue analysis, statement of financial risk factors, and description of any changes in federal grants of authority necessary to implement the plan, to the Governor and the General Assembly no later than December 15, 2014.

In developing recommendations for changes to the Commonwealth's Medicaid program, the Medicaid Innovation and Reform Commission shall:

1. Define the care that should be provided by the Commonwealth to persons, including children, meeting specified definitions and thresholds of physical and financial need that are determined by the Commission. At least three populations shall be considered distinctly: intellectually disabled and physically disabled citizens, citizens needing medical care without means to pay for medical care or sufficient access to medical care, and elderly citizens in need of non-acute care without the means to pay for medical care;

2. Evaluate the merits of facilitating the availability of private medical insurance policies for persons without the means to pay for medical care;

3. Evaluate possible changes to the way Medicaid care is currently provided and paid for, including provision of services through free clinics, training centers, hospital emergency rooms, teaching hospitals, doctor's offices, nursing homes, community-based care providers, alternative use of allied health professionals, and other providers and partnerships with faith-based organizations, to better meet the needs of the populations listed in subdivision 1 in a cost-efficient way with improved medical outcomes;

4. Identify ways in which the number of health care providers can be increased to meet unmet needs regionally in the Commonwealth, including for improved preventive care;

5. Evaluate implementation of reforms already specified in the Code of Virginia and other reforms previously considered by the Medicaid Innovation and Reform Commission, including managed care and reforms related to delivery of services for people eligible for both Medicaid and Medicare;

6. Evaluate changes in the way Medicaid eligibility is verified at the time benefits are initiated and from time to time thereafter;

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59 7. Evaluate the findings contained in recent audits of the Department of Medical Assistance Services  
60 related to the management and oversight of its contractors and ways to increase competition among and  
61 the efficiency of such contractors;

62 8. Evaluate ways to improve information technology at the Department of Medical Assistance  
63 Services and among its contractors and other agencies in order to better monitor the effectiveness of the  
64 delivery of Medicaid services, costs associated with delivery of Medicaid services, and patient outcomes;

65 9. Evaluate recommendations of the Medicaid Fraud Control Unit of the Office of the Attorney  
66 General and the Office of the Inspector General relating to limiting waste, fraud, and abuse in the  
67 Commonwealth's Medicaid program;

68 10. Recommend options for publicizing and increasing awareness of the VA OIG Hotline and the  
69 provisions of the Virginia Fraud and Abuse Whistle Blower Protection Act, as amended by the General  
70 Assembly in 2014, within the Department of Medical Assistance Services and among its contractors and  
71 Medicaid recipients;

72 11. Evaluate whether the charter of the Tobacco Indemnification and Community Revitalization  
73 Commission could be amended to permit some health care costs of persons living in the geographic  
74 region encompassed by the Commission, including costs associated with tobacco cessation programs, to  
75 be paid by the Commission;

76 12. Evaluate approaches to reforming Medicaid programs undertaken by other states;

77 13. Assess the progress of existing programs to improve and expand managed care and to provide  
78 additional incentives for Medicaid recipients to lead healthy lifestyles;

79 14. Identify options for offering Medicaid benefits and other public assistance in ways that do not  
80 create unintended incentives for recipients to remain dependent on Medicaid and other forms of public  
81 assistance, when physically able recipients may have opportunities that can lead to self-sufficiency;

82 15. Evaluate ways to limit the impact of reduced federal funding for Medicaid on the  
83 Commonwealth's budget, should reductions occur in the future; and

84 16. Evaluate ways in which presently self-sufficient Virginians can remain so and avoid the need for  
85 Medicaid services in the future.

86 In considering all possible options in developing recommendations, the Medicaid Innovation and  
87 Reform Commission shall receive and consider information and advice from the medical community,  
88 community services boards, the public, the Governor and other executive branch officials, the  
89 Department of Medical Assistance Services and its Medicaid contractors, Medicaid recipients,  
90 appropriate federal agencies, and insurance companies, mindful of the relevant provisions of federal law.

91 The Secretaries of Finance and of Health and Human Resources and all executive branch agencies  
92 shall provide financial information and technical assistance, including such information and advice as  
93 may be requested, to the Medicaid Innovation and Reform Commission.

94 The Medicaid Innovation and Reform Commission shall submit to the Division of Legislative  
95 Automated Systems an executive summary and report of its progress in meeting the directives of this  
96 resolution no later than December 15, 2014. The executive summary and report shall be submitted as  
97 provided in the procedures of the Division of Legislative Automated Systems for the processing of  
98 legislative documents and reports and shall be posted on the General Assembly's website.